

Antibiotic stewardship study – Community sub-study

Codes

| Name | Description |
|--|---|
| A_ ROLE AS CL OR CHW | |
| a-Present role and responsibilities | (includes services provided) |
| b-Background | (general qualifications or general experience or any trainings specially on AB use and resistance |
| c-Challenges in service provision | |
| c-1- Awareness building activities | |
| c-2- Antibiotic related services | |
| d-Work location | General description of work location |
| local demographics | Description of local demographics |
| B_LOCAL ILLNESS BURDEN AND PERCEPTIONS | |
| a_Typology and prevalence of infectious,communicable illnesses | Descriptions of different types of infectious and non-infectious diseases and their prevalence and distribution, by age, gender and socio-economic status |

| Name | Description |
|---|---|
| a-1- In children | |
| a-2-In women | Specific to pregnant women and mothers |
| a-3-Adults | General diseases of adults and elderly |
| b_Typology and prevalence of non-communicable diseases | |
| b-1- In children | |
| b-2-In women | |
| b-3- Adults | |
| c_ Perceptions about illness causality and transmission | Descriptions of what causes the common diseases and how are they transmitted (especially relevant for infectious diseases) |
| c-1- Infectious diseases | |
| c-2- NCDs | |
| d_ Perceptions about disease management | Descriptions of management of different types of illnesses, the common ones, vs the more complicated ones. Includes the types of remedies and medicines, home management and types of providers sought. Can also include reasons in the codes below if they are not too detailed. |
| d_a_Easily cured illnesses | |

| Name | Description |
|--|-------------|
| d- a-1-Early diagnosis and management | |
| d- a-2-Pathways of care seeking | |
| d- a-3-influence on care seeking decisions | |
| d_b_ More complicated illnesses or Need time or medicines to recover | |
| d- b-1-Early diagnosis and management | |
| d- b-2- Pathways of care seeking | |
| d- b-3-influence on care seeking decisions | |
| C_ KNOWLEDGE AND AWARENESS OF GENERAL MEDICINES AND ANTIBIOTICS | |
| a-Knowledge of different types of general medicines | |

| Name | Description |
|--|--|
| b-Knowledge of role of medicines in treating diseases | |
| c-Knowledge of medicine dosage and course, and side-effects | |
| d- Knowledge of different type of antibiotics | |
| e-Knowledge of the role of antibiotics in treating diseases | |
| f-Knowledge of antibiotic dosage and courses, side effects, and not completing full course | |
| g-Knowledge (if any) of antibiotic resistance and its causes | |
| h-source of knowledge about antibiotics and about antibiotic resistance | Descriptions of any health camps/marketing by MRs/providers' explanations/ govt health workers/TV, radio and any other mass media (NOTE: if a lot of details are available then you could create additional sub-codes for these) |
| D_USE OF ANTIBIOTICS | |
| a-source of antibiotics | Descriptions of who, where and reasons/influences for getting their antibiotics here, |
| a-1-family,friends,relatives | |

| Name | Description |
|---|---|
| a-2-pharmacies | |
| a-3-informal providers | |
| a-4-government frontline workers (ASHAs,ANMS,AWWs) | |
| a-5-government doctors, PHC, CHC | |
| a-6-private doctors | |
| a-7-traditional system doctors (homeopaths,vaid etc) | |
| a-8-others (NGOs,charities etc) | |
| b-consumption of antibiotics | |
| b-1-typical dosages obtained, purchased | |
| b-2-typical patterns of compliance and non-compliance | Descriptions of how people comply or do not comply, how they start and stop antibiotics |
| b-3- experimentation with antibiotics | |

| Name | Description |
|---|--|
| b-4-reasons for not completing full courses, changing and experimenting | Include antibiotic prices, affordability and other barriers here. (NOTE: If a lot of details about different types of barriers are available, you can create separate codes for these) |
| c- Influences on ABU decision making | |
| c-1- Family influence | Who decides based on the age profile of the patient [like for children, women and elderly of the household] |
| c-2- Peer influence (friends, neighbours) | Decision where to seek care, recommendation of type of medicine to take [if the ailment is same without consulting provider] |
| c-3-CHW influence | Role in counselling, referral pattern and dispensing of medicine |
| c-4- Community leaders influence | |
| c-5-Pharmacy influence | Pharmacist role in prescribing medicine/ AB [dosage and duration] |
| c-6- Influence of informal providers | Availability and their role in practice of safe AB use and also of general medicine [taking the right and completion of dosage] |
| c-7-Influence of doctors | Role of doctors [public and private] about safe use of AB |
| c-8 – Others | (any health department initiatives etc) |

| Name | Description |
|--|---|
| E_ KNOWLEDGE AND AWARENESS GENERATION PLATFORMS FOR HEALTH AND ALSO NON-HEALTH BCC | Descriptions about what happens in these, who is involved, duration and frequency |
| a-VHND and other govt health camps | |
| b-Other messaging from govt health workers | |
| c- Messaging from informal providers | |
| d-Messaging from doctors and hospitals | |
| e-Messaging from other community leaders | |
| f-Mass media platforms | |
| g-Folk art channels (songs, drama, loudspeaker etc) | |
| h-Any others (pharmacies, MRs etc) | |
| i- Other types of meetings | Could be non-health ones, or those organised by paras etc |

| Name | Description |
|---|--|
| F_EXAMPLES OF SUCCESSFUL BEHAVIOUR CHANGE | Any descriptions of successful behaviour change in communities and perceptions of how and why this change happened |
| G_MOST EFFECTIVE PLATFORMS , CHANNELS FOR BEHAVIOUR CHANGERELATED TO HEALTH AND ANTIBIOTICS | |
| a-Most effective channels, platforms | Descriptions of Meetings/camps/padas etc |
| b-Most influential people in the community | Any references to locals/ outsiders/ community leaders/ASHA/ Formal doctor; RHCP/Panchayat |
| c-Useful information and communication tools | Examples of Posters; Hoardings; Street play; face to face Meeting/ Camps; Electronic advertisement |
| H_WAYS THAT COMMUNITY CAN HELP, GET INVOLVED IN ABU CAMPAIGN. | Descriptions of how people can get involved in the programme/campaign |
| I_ABU IN LIVESTOCK | |
| a-types of livestock | |
| b-illnesses in livestock | |
| c-types of antibiotics used in livestock | |

| Name | Description |
|--|--|
| d-sources, providers for antibiotics used in livestock | NOTE: If a lot of detail is available about different types of providers you can create separate sub-codes for those |
| e-patterns of ABU in livestock – dosage, duration, experimentation | |
| f-overlaps between human and animal ABU and reasons for these | Examples of human antibiotics used in livestock or animal antibiotics used in humans |
| J_ Health facilities | |
| a_Public facility | infrastructure etc in government PHCs and above |
| b_Private facility | |